

MEDICAL CARE ADVISORY COMMITTEE

Minutes of the July 26, 2012 Meeting

IN ATTENDANCE

PRESENT: Lincoln Nehring, LaPriel Clark, Allan Pruhs for LaVal B. Jensen, Michelle McOmber, Judi Hillman, Russ Elbel, Tina Persels, Greg Myers, Kevin Burt, Pasu Pasupathi, Michael Hales

EXCUSED: Gerald R. Petersen, Andrew Riggle, E. David Ward, Warren Walker, Mauricio Agramont, Mark E. Ward, Rebecca Glather

ABSENT: LaVal B. Jensen, Jason J. Horgesheimer

STAFF: John Curless, Gail Rapp, Nate Checketts, Eric Grant, John Strong, Gayle Coombs

VISITORS: Joyce Dolcourt, Nalani Namaau, Dr. Steven Steed, Emily Mitchell, Scott Sherratt

1. Welcome – Lincoln Nehring

Vice-Chairman Nehring called the meeting to order at 2:33 p.m. He then introduced Greg Myers, who is a new member of the MCAC. Greg said he is a community Pharmacist and gave everyone a little background on himself. Vice-Chairman Nehring also mentioned that Andrew Riggle is a new member of the MCAC.

Approve Minutes for the June 21, 2012 MCAC Meeting/Public Hearing

Vice-Chairman Nehring then asked if we could now approve the minutes. LaPriel Clark made the motion to approve the minutes and it was seconded. Everyone agreed so the minutes were approved.

2. Discussion of June 21st Public Hearing - MCAC Members

Budget Options

Building Blocks

3. Vote on FY2014 Priorities - MCAC Members

John Strong passed out a new updated MCAC Voting Ballot on the Division of Medicaid and Health Financing Building Block Priorities. He mentioned the one they discussed as to whether to leave it on the ballot or not. The Eliminate Asset Test for Children is the one Vice-Chairman Nehring mentioned as not being optional and maybe take out. 2013 is when the asset test will occur. The asset test will be removed for parents.

Michael Hales then went over the building blocks so everyone would understand them. He explained what they all cover. There is an option for the State to expand dental services to adults. The second

one is regard to restoration of speech and audiology services for Medicaid adults was cut two or three years ago. Restoration of eyeglass coverage would cover paying for eyeglasses for adults. Children would get eyeglasses if they need them. Michael explained each one of the building blocks. He explained what the restoration of the transition/portability project would do. This is money to take people out of an ICFID institution and put them in a community placement. The primary purpose of the waiver is to take care of people's long term care needs.

Eliminate the five-year wait for legal immigrants. This would be to get extra funds for legal immigrants to get Medicaid without having to wait for five years.

Twelve-month continuous eligibility would eliminate the asset test for children. This will take effect under the Federal law July 1, 2013.

The final one is to increase Specialist MD Rates to Medicare. The Medicaid MD rates will go up to the Medicare reimbursement rates for primary care physicians. This would not impact specialty care physicians.

Judi Hilman had a question in regard to the last option. Michelle McOmber had some explanations on this in regard to Judi's question. She said Utah is one of the lowest states in regard to Medicaid reimbursement for physicians. Michelle said specialists are dropping out of taking care of Medicaid clients at a fast rate. Primary care physicians are not leaving as fast.

John Strong mentioned that there are eight items now on the ballot so to rate the items from one to eight. Lincoln told everyone to take a few minutes to look at these and vote and then give them to John. One is the highest priority and eight is the lowest.

4. New Rulemakings – Craig Devashrayee

Craig then went over the DMHF Rules Matrix 7-26-12

Rule; (What It Does); Comments.	File	Effective
R414-1-29 Provider-Preventable Conditions; This amendment clarifies legal authority and reporting requirements for provider-preventable conditions. It also specifies the federal statute that prohibits reimbursement for provider-preventable conditions, and the sections of the Medicaid State Plan that implement that authority.	4-27-12	7-1-12
R414-2A Inpatient Hospital Services; This amendment updates the 30-day hospital readmission policy to refer to Section R414-1-12. It also clarifies the limitations of inpatient hospital services as they relate to medical necessity.	4-27-12	7-1-12
R414-9-5 Alternative Payment Methods; This amendment clarifies that a FQHC must calculate only covered beneficiary charges when it calculates the Ratio of Beneficiary Charges to Total Charges Applied to Allowable Cost as part of its agreement with the federal government.	4-27-12	7-1-12
R414-49 Dental Services; The purpose of this change is to comply with mandates set forth in the 2012 General Session of the Utah Legislature, which reinstate emergency dental services to non-pregnant adults who are 21 years of age or older.	4-27-12	7-1-12
R414-50 Dental, Oral and Maxillofacial Surgeons; The purpose of this change is to comply with mandates set forth in the 2012 General Session of the Utah Legislature, which reinstate emergency dental services to non-pregnant adults who are 21 years of age or older.	4-27-12	7-1-12
R414-401-3 Assessment; The 2012 Utah Legislature increased appropriations for this program through an increase to the assessment on Medicaid beds in nursing facilities. This change implements that assessment increase.	4-27-12	7-1-12
R414-506 Hospital Provider Assessments; The purpose of this change is to implement the Hospital Provider Assessment Act in accordance with S.B. 179 of the 2012 General Session of the Utah Legislature and to update the rule to allow new providers.	4-27-12	7-1-12
R414-501-2 Definitions; This amendment updates the definition of what constitutes a "Significant Change" in a nursing facility resident to include a provision for mental illness or an intellectual disability or related condition.	5-14-12	7-18-12
R414-503 Preadmission Screening and Resident Review (Repeal and Reenact); The purpose of this change is to update and clarify Medicaid policy for health care professionals who perform preadmission evaluations and screenings for nursing facility admission.	5-14-12	7-18-12
R414-1-5 Incorporations by Reference; Subsection 26-18-3(2)(a) requires the Medicaid program to implement policy through administrative rules. The Department, in order to draw down federal funds, must have an approved State Plan with the Centers for	6-15-12	8-7-12

Medicare and Medicaid Services (CMS). The purpose of this change, therefore, is to incorporate the most current Medicaid State Plan by reference and to implement by rule both the definitions and the attachment for the private Duty Nursing Acuity Grid found in the Home Health Agencies Provider Manual, and to implement by rule ongoing Medicaid policy for services described in the Utah Medicaid Provider Manual, Medical Supplies Manual and List; Hospital Services Provider Manual; Speech-Language Services Provider Manual; Audiology Services Provider Manual; Hospice Care Provider Manual; Long Term Care Services in Nursing Facilities Provider Manual; Personal Care Provider Manual; Utah Home and Community-Based Waiver Services for Individuals 65 or Older Provider Manual; Utah Home and Community-Based Waiver Services for Individuals with Acquired Brain Injury Age 18 and Older provider Manual; Utah Home and Community-Based Waiver Services for Individuals with Intellectual Disabilities or Other Related Conditions Provider Manual; Utah Home and Community-Based Waiver Services for Individuals with Physical Disabilities Provider Manual; Utah home and Community-Based Waiver Services New Choices Waiver Provider Manual; Utah Home and Community-Based Waiver Services for Technology Dependent, Medically Fragile Individuals Provider Manual; the Office of Inspector General Administrative Hearings Procedures Manual; and the Pharmacy Services Provider Manual (Updates to July 1, 2012).		
This amendment also clarifies that provider appeals of action initiated by the Office of Inspector General of Medicaid Services (OIG) are governed by the OIG Administrative Hearings Procedures Manual.		
R414-49 Dental Services; The purpose of this change is to clarify that limited emergency dental services, as mandated by the Legislature, are based on the Early and periodic Screening, Diagnosis and Treatment (EPSDT) Program.	6-15-12	8-7-12
R414-50 Dental, Oral and Maxillofacial Surgeons; The purpose of this change is to clarify that limited emergency dental services, as mandated by the Legislature, are based on the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.	6-15-12	8-7-12
R414-510 Intermediate Care Facility for Persons with Intellectual Disabilities Transition Program; The purpose of this amendment is to clarify Transition program procedures and to make appropriate changes to terms of disability in accordance with House Bill 235, 2011 General Session.	6-15-12	8-7-12
R414-60A Drug Utilization Review Board (Five-Year Review); This rule is necessary because it implements the composition and membership requirements of the DUR Board to provide medically necessary and cost effective services for Medicaid recipients. This rule also spells out the functions of board members to carry out their responsibilities for the Medicaid drug program. Therefore, this rule should be continued.	6-25-12	6-25-12
R382-2 Electronic Personal Medical Records for the Children's Health Insurance Program; House Bill 46, 2012 General Session, requires the Department to implement by rule a program to enroll individuals who receive services under the Children's Health Insurance Program (CHIP) in the Clinical Health Information Exchange (CHIE). The bill also requires the Department to notify these individuals of their right to opt out of CHIE. This rule describes the process the Department will use to enroll individuals in CHIE.	7-2-12	9-1-12
R414-8 Electronic Personal Medical Records for the Medicaid Program; House Bill 46, 2012 General Session, requires the Department to implement by rule a program to enroll individuals who receive Medicaid services in the Clinical Health Information Exchange (CHIE). The bill also requires the Department to notify these individuals of their right to opt out of CHIE. This rule describes the process the Department will use to enroll individuals in CHIE.	7-2-12	9-1-12
R414-303 Coverage Groups; This Amendment clarifies titles for sections in the text, defines the age limit for Aged Medicaid, and updates certain federal citations. It also removes criteria for HCBS waivers to place in Rule R414-307.	7-2-12	9-1-12
R414-307 Eligibility for Home and Community-Based Services Waivers; The purpose of this change is to incorporate eligibility criteria for all home and community-based services (HCBS) waivers and to implement eligibility provisions for the new Medicaid Autism Waiver program in accordance with House Bill 272, 2012 General Session. This change, therefore, implements eligibility for the new Medicaid Autism HCBS Waiver, incorporates eligibility criteria for other HCBS waivers, changes the age limit for eligibility under the New Choices Waiver, and makes corrections to match other waiver implementation plans.	7-2-12	9-1-12
R414-509 Medicaid Autism Waiver Open Enrollment process; The purpose of this rule is to set forth the open enrollment process for the Medicaid autism waiver program, which was created in accordance with House Bill 272 in the 2012 General Session of the Legislature. It also clarifies conditions for open enrollment and specifies open enrollment procedures.	7-2-12	9-1-12
R414-1-30 Governing Hierarchy; The purpose of this change is to implement by rule the governing regulations to administer the Medicaid program.	7-18-12	9-21-12

Russ Elbel had a question in regard to the adult emergency services. EPSDT was mentioned. This was in regard to emergency dental and R414-50. Michael also mentioned R414-49 and R414-50. These both deal with the coverage of dental. They cover the benefit and population of these two rules. The EPSDT program defines who is eligible for which programs and has its own coverage package. There are five services covered under emergency dental. John Curless explained what these are. Michael said emergency dental is available for those who do not fall under the EPSDT. He said they are trying to get dental services away from the emergency rule. Michael said the Department of Health will have to show that this is reducing the number of dental emergency cases going to ER rooms. Michael said there are two rules that deal with dental. They are R414-49 and R414-50, and Michael said they amended two different sections of both of these rules. One is the coverage section and one is the covered populations. The health plan will cover it if a person goes to an ER with an oral dental problem. A question was asked as to how many services are covered under the dental emergency, and John

mentioned the five services that are covered. The intent is to have these five services available in the dentist's office and get people away from the emergency room.

Judi Hilman asked how the State is going to educate dental providers in regard to these changes. Gail Rapp said the HPR's work closely with the Dental Association in regard to this. Dr. Steven Steed also had some more information in regard to this. He said there is a big effort to get this information out.

Tina Persels then had a question in regard to R414-307. Michael answered her question and mentioned their waiver implementation plans. He mentioned how more information on each rule is included in their packets.

Joyce Dolcourt had a question in regard to R414-307 and the age change in regard to the New Choices Waiver. Michael said this used to be 21 or older to go into the New Choices Waiver, but he thinks we reduced the age from age 21 to 18. Michael said if he is incorrect in this, he will send out an email to the MCAC letting them know what it is.

5. **Budget Update** – Eric Grant for Tracy Luoma

Eric said this last month there was actually a decrease in Medicaid enrollment. The total enrollment for June was 252,573. There were some questions in regard to the Utah Cases Served Report Number of Persons report that Eric passed out to everyone. On the report it shows that as of the end of June, the number of People over age 65 went down by 105, the number of People with Disabilities went down by 223, the number of Children went down by 643, the number of Pregnant Women remained the same, and the number of Adults went down by 787.

Michael mentioned how the Department of Health is still working with people in regard to the breach. Russ asked Eric if they had ever looked at why the enrollment goes down this time of year. Eric said they could look into this. He will work with his staff to make sure the projected growth comes off next June. Russ said he thinks it is helpful to see the projected figures. He said it would be helpful to see what the projections are versus where we are trending.

6. **Director's Report** – Michael Hales

Supreme Court ACA Decision Impact on Medicaid

Michael passed out a five-page document. The first two pages were entitled Income Limits for Medicaid and CHIP Eligibility, the third and fourth pages were entitled Income Limits for Medicaid, CHIP and TAX Credit Eligibility, and the fifth page was entitled Estimated Impact of ACA on Medicaid.

Michael went over the different pages in his handout. He mentioned how each category of eligibility has a different income level. He explained four different categories on page 3. FPL is the Federal Poverty Level. Michael mentioned several questions the State was dealing with now in regard to this. He said CMS has said there is no deadline for the State to decide on which way they want to go with this. These are all in regard to the Affordable Care Act (ACA). Michael said CMS wants states to expand. Michael said there would be costs with expanding. Michael said several questions that the State now has are trying to figure out what are the potential costs of the expansion if the State chooses to go that direction or not, and what are some of the potential savings or offsets as a result of this, and what are all of the considerations of having a non-insured population still in the State, and the impact on the

provider community, as well as the impact on the individuals who would be left out in the coverage. Michael said we have been told by CMS that there is no deadline for the State to choose the expansion option. Michael said the expansion would take place January of 2014 if the State elects to do the expansion, and there is 100% Federal funding available for the newly eligible populations. That would gradually phase down to 90%.

Michael said the fifth page shows the estimated impact of ACA on Medicaid. He said we are hoping to have revised estimates by the end of August 2012. Michael went over the ten-year forecast. \$240,000,000 is what it would cost to expand Medicaid. Michael said this would be a pretty substantial increase in funding. Michael said there would be other costs involved with this besides just those shown on the charts he handed out.

Michael said a lot of people in the white bars that Medicaid does not cover right now have substance abuse and mental issues that the State and the County are paying for currently with 100% local funds and no Medicaid participation because there is no Medicaid eligibility there.

Michael said these are estimates from two years ago when the ACA first came out and we do have revised numbers of uninsured just as recently as a couple of weeks ago. Michael said we are hoping to have revised estimates by the end of August. Michael said these numbers will likely change.

A \$240,000,000 general fund over the first ten years, which would be 2013 through 2023, was explained more by Michael. Michael said currently our Medicaid general fund is \$500,000,000 in answer to a question from Vice-Chairman Nehring. Michael mentioned some things they did not take into consideration when they came up with these assumptions.

LaPriel Clark asked what the alternative would be for the State in regard to the expansion. Michael mentioned some other options the State could possibly look at. He said the exchange is still part of the implementation of the ACA. Michael said their existing package will not change in response to a question from LaPriel if Medicaid does not go with the exchange.

MCAC Membership and EC Membership

Michael explained how we rotate through the Chair and Vice-Chair positions. He said that both Gerald Petersen and Kris Fawson are now no longer Executive Committee members. Lincoln is now the Chair and we need a Vice-Chair from the Provider Community. We also need a Provider at Large to replace Kris Fawson. Michael explained what they do in the Executive Committee MCAC Meeting and the decisions they make. Lincoln and Michael told everyone to let them know if they would be interested in being a Vice-Chair if they represent the Provider Community or a Provider at Large.

Michael asked for people to think about this and let him know at the next MCAC Meeting any ideas for new members on the Executive Committee.

7. Results of Vote – Lincoln Nehring

The results from the vote were then discussed and passed out. The results are as follows:

- 1 – Restoration of Dental Care Services for Medicaid Adults
- 2 – Restoration of the Transition/Portability Project

- 3 – Restoration of Eyeglasses for Medicaid Adults
- 3 – Eliminate Asset Test for Children
- 5 – 12-Month Continuous Eligibility
- 6 – Restoration of Speech and Audiology Services for Medicaid Adults
- 7 – Eliminate the 5-Year Wait for Legal Immigrants
- 8 – Increase Specialist MD Rates to Medicare

Michael said he will take these to the Department as they discuss these things. This usually gets released between the early part and mid-part of September.

8. Other Business – MCAC Members

Chairman Nehring asked if there was any other business. There was no other business, so the Meeting was adjourned at 4:25 p.m.